

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**REQUEST FOR PROPOSAL**

**EXPANSION OF EXISTING PROGRAMS FOR ASSERTIVE COMMUNITY  
TREATMENT (PACT) AND RESIDENTIAL INTENSIVE  
SUPPORT TEAMS (RIST)**

Cumberland, Gloucester, Mercer, Middlesex, Monmouth, Morris, Ocean,  
Salem and Union Counties

October 15, 2013

**Lynn A. Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services**

**NEW JERSEY DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**  
**REQUEST FOR PROPOSAL TO EXPAND**  
**PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT (PACT) AND**  
**RESIDENTIAL INTENSIVE SUPPORT TEAMS (RIST)**

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# **Request for Proposal (RFP) for Expansion of Programs of Assertive Community Treatment (PACT) and Residential Intensive Support Teams (RIST)**

## **I. Introduction**

The New Jersey Division of Mental Health and Addiction Services (DMHAS; Division), in partnership with consumers, family members, providers and other stakeholders, promotes wellness and recovery for individuals managing a mental illness, substance use disorder or co-occurring disorder through a continuum of prevention, early intervention, treatment and recovery services delivered by a culturally competent and well-trained workforce.

DMHAS continues to implement the recommendations articulated in the Final Report of the Governor's Task Force (TF) on Mental Health of March 2005. These recommendations were further delineated and advanced in the Wellness and Recovery Transformation Action Plan issued in October 2007. These recommendations have functioned as a catalyst for the transformation of the mental health system in New Jersey and have placed greater emphasis on the principles of wellness and recovery.

Concurrently, DMHAS is implementing its Home to Recovery - CEPP Plan. This plan describes the active efforts of DMHAS toward facilitating timely discharges of individuals from the state operated psychiatric hospitals. Specifically, individuals, who have been designated with the status of *Conditional Extension Pending Placement* (CEPP), are a primary focus of this plan. These individuals have been determined ready for discharge but are awaiting an appropriate community-based placement. As the Division moves to meet its obligations under the Olmstead Settlement Agreement, it has recognized the need to implement new and direct strategies for community program development that will comprehensively meet the needs of the individuals on CEPP status.

This Request for Proposal (RFP) focuses on TF recommendations related to continued emphasis of evidenced-based practices and expansion of permanent supported housing opportunities, and is consistent with the Division's responsibilities under the Olmstead Settlement Agreement. This RFP is designed to facilitate the discharge of individuals who have been placed on CEPP status, from the three regional psychiatric hospitals operated by DMHAS. Housing subsidies, administered in a manner consonant with the principles of supportive housing, will be paired (initially with the Provider Agency, and later with a third party Housing Clearinghouse) with the full range of PACT (Programs for Assertive Community Treatment), RIST (Residential Intensive Support Teams) and other services described herein, in order to meet the community support needs of the individuals served through this RFP.

## **II. Background**

While the Division has a long history of seeking to develop and expand the network of community housing opportunities for persons with serious mental illness, this current RFP is part of a larger initiative related to the Olmstead Settlement Agreement, under which the DMHAS has committed to effecting the timely discharge of persons in State hospitals

determined to no longer require that level of care. The Division is committed to discharging these persons as promptly as possible after the consumer is placed on CEPP status.

In past rounds of community service development, the Division has concentrated on the overall development of service capacity as a means of addressing the availability of supports within a context of dynamic service demands. As the Division moves to meet its obligations under the Olmstead Settlement Agreement, however, it has recognized the need to implement a new, more direct strategy of service development, based on the community support needs of specific persons awaiting discharge from the State hospitals. This RFP is one in a series of requests that will embrace this approach.

The Programs of Assertive Community Treatment (PACT) is an evidenced-based model of service delivery in which a trans-disciplinary, mobile, treatment team provides a comprehensive array of mental health and rehabilitative services to a targeted cohort of individuals with severe and persistent mental illness. The program is designed to meet the needs of individuals who have experienced involuntary psychiatric hospitalization and have not benefited from traditional mental health programs.

In order to meet the unique needs of this targeted population, PACT teams offer highly individualized services, employ a low consumer to staff ratio, conduct the majority of their contacts in natural community settings and are available for psychiatric crises 24 hours a day/7 days a week. Service intensity is flexibly and regularly adjusted to consumer needs and services are offered for an unlimited time period. Fundamental to the PACT model is the tenet that PACT teams function as comprehensive, self-contained programs. Referral of consumers to other program entities for specialized mental health treatment, rehabilitation, and support services should be minimal.

The outcomes associated with PACT, nationally and locally, are highly consistent with the goals of the DMHAS' effort to transform the mental health system in New Jersey. Research on Assertive Community Treatments indicates that programs with high model fidelity are more effective than programs with lower adherence in reducing hospital use, reducing costs, improving substance abuse outcomes for individuals with dual diagnoses, and improving functioning and consumers' quality of life (Phillips et al., [2001]. *Moving Assertive Community Treatment into Standard Practice. Psychiatric Services*, 52-771-779).

PACT was first implemented in New Jersey in 1995. There are currently thirty one PACT teams in NJ. PACT services are available in all twenty one New Jersey counties. The United States Department of Health and Human Services' Substance Abuse and Mental Health Service Administration (SAMHSA) has rated accessibility to Assertive Community Treatment as a key measure indicative of the quality of a state's mental health system of care (United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, United States [2002] (*Mental Health, United States*, Rockville, MD, Author).

Residential Intensive Support Teams (RIST) initially developed in NJ during SFY 2003, were designed to support the promotion of consumer empowerment within the continuum of funded residential programming. As a model of supportive housing, RIST involves permanent leased based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is based on a "Housing

First” philosophy and endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery. “Housing First” means that consumers do not have to be clean or sober or participate in mandatory programming in order to be placed on the caseload. Unlike PACT Teams, it is not expected that RIST will directly provide comprehensive mental health clinical and treatment services to enrolled consumers. Teams will employ supportive services necessary to maintain housing, achieve identified wellness and recovery goals; as well as case management approaches to assure that consumers access the full array of other clinical and support services needed to function successfully within the community.

Consumers are considered full partners in planning their own care and support service needs, and identify and direct the types of activities that would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as consumer needs or interests change. In order to avoid duplication of effort, individuals served by PACT, Integrated Case Management Services (ICMS), or Supportive Housing are not eligible to receive concurrent RIST services.

### **III. Purpose of Request**

The Division of Mental Health and Addiction Services seeks proposals to expand existing DMHAS-contracted PACT and RIST programs from Cumberland, Gloucester, Mercer, Middlesex, Monmouth, Morris, Ocean, Salem and Union Counties. By virtue of this program expansion, services will be targeted to facilitating the discharge of persons on CEPP status at a state psychiatric hospital. Many of these individuals have co-existing medical conditions, co-occurring substance abuse disorders or a developmental disability, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital.

This funding will provide new housing opportunities for a minimum of 70 individuals who are in a NJ state psychiatric hospital and designated as CEPP. Housing subsidies, administered in a manner consonant with the principles of supportive housing, will be paired with the full range of PACT and RIST services in order to meet the needs of the individuals served through this RFP. This RFP will strategically expand New Jersey PACT and RIST programs so that individuals, who are currently hospitalized at one of the regional psychiatric hospitals operated by the DMHAS and on CEPP status, may access these community-based treatment programs.

DMHAS will identify the consumers to be served through this funding, and will work with successful applicants toward successful discharges to community living. The provider agency must accept consumers identified by DMHAS as appropriate for the PACT or RIST program, consistent with the consumer attributes delineated in this RFP, within the timeframes identified by DMHAS. Agency staff will begin working with identified consumers as soon as possible after contract award but prior to actual discharge to facilitate relationship building, housing preference and needs assessments.

In order to meet the needs of the individuals served through this RFP, DMHAS sponsor-tenant rental subsidies are available. DMHAS rental subsidy program guidelines must be followed, and no apartments can be rented over the Fair Market Rent as published by the

NJ DCA Housing Choice Voucher Program Payment Standards. As the DMHAS moves toward separation of housing from services, rental subsidy funding may be removed from the provider contract at a later date and administered by a third-party Housing Clearinghouse. No capital funding is available from DMHAS through this initiative.

#### **IV. Funding Availability**

Annualized funding up to \$2,450,000 is available through this RFP for both operational services and rental subsidies, to serve a minimum of 70 persons from the targeted counties referenced above. The DMHAS contracting for this initiative is on a deficit-funded, cost-based model. Consequently, the DMHAS negotiated contracted amount is based on agency cost, with anticipated revenues including consumer contributions towards housing expenses deducted from the total cost to determine the maximum amount DMHAS contract amount. Providers must comply with the current DMHAS Rental Subsidy Program Policy Guidelines, including calculation of rental subsidy and consumer's contribution to rent. Applicants must include projected Medicaid revenues in their budget and comply with relevant DMAHS Medicaid Rules, including N.J.A.C. 10:76.

No provider will be eligible to expand program capacity by more than 15 slots/beds as part of this funding announcement, in order to ensure sufficient agency resources, rigorous project focus, and timely acceptance of consumers into housing. Additionally, awards will not be issued in excess of the consumer need in the service area of the proposed service.

#### **V. Provider Qualifications**

Only PACT and RIST providers from Cumberland, Gloucester, Mercer, Middlesex, Monmouth, Morris, Ocean, Salem and Union Counties that are currently under contract with the Division of Mental Health and Addiction Services are eligible for consideration for this RFP.

#### **VI. Target Population**

For proposed PACT program expansions, the individuals to be served pursuant to this announcement will minimally meet the NJ PACT admissions criteria referenced at N.J.A.C. 10:37J-2.3 and will have been placed on CEPP status at one of the regional state psychiatric hospitals. Individuals who have been hospitalized for eighteen consecutive months in one of the public psychiatric hospitals can be considered as having met N.J.A.C. 10:37J-2.3b2ii.

The target population for both PACT and RIST program expansions must currently be on CEPP status at one of the State psychiatric hospitals, diagnosed with a serious and persistent mental illness and may have co-morbid medical conditions, behavioral disturbances, minimal or no familial supports, poor community living skills and forensic involvement. Due to the long length of stay in the hospital, some of these individuals may have clinically prominent fears and reluctance related to returning to the community. Successful proposals will describe clear and effective strategies for engaging these individuals and addressing their needs related to community integration.

## **VII. Clustering and Fiscal Consequences Related to Performance**

Contingent on both continuing appropriations and achievement of contractual commitments, funding and contracts are renewable. Programs expanded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the expanded program is stable in terms of service provision, expenditures and applicable revenue generation. Please see section IX Budgeting, in this document, for specific information pertaining to how the proposed program will be clustered.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of contract award or contract termination.

## **VIII. Requirements for Submission**

All Request for Proposals will be evaluated based on the elements indicated below. At a minimum, all facets of the Proposal comply fully with the relevant standards, delineated in N.J.A.C. 10:37, 10:37A, and 10:37J. The Proposal must not exceed 20 pages (not inclusive of appendices and required attachments.) All Proposals must include responses that clearly correspond to each category as delineated by the lettered bullets in this section.

- A. Indicate the number of individuals (on CEPP status at a state psychiatric hospital) that will be enrolled by the PACT or RIST program as a result of this initiative and the team(s) resultant adjusted (new) caseload capacity.
- B. Discuss the number of direct service staff (in full time equivalents) that will be added to the existing PACT or RIST program(s). Provide specific titles, qualifications for the staff to be added to the team, as well as a rationale for selection of these staff persons.
- C. Describe the full range of treatment, recovery and support services that will be provided to service recipients.
- D. Include the anticipated PACT or RIST team staff schedule, inclusive of all existing PACT or RIST staff and the proposed additional staff. Schedule must reflect regular availability of service provision on evenings and weekends.
- E. For PACT services, discuss how the agency currently and/or intends to account for the unique demands that high fidelity PACT places on staff (e.g., what specific compensation strategies will be used to ensure that after-hours service and 24/7 coverage are adequately built into the PACT program's structure).
- F. Detail the proposed schedule for staff recruitment, reflective of currently vacant PACT or RIST team positions and the proposed additional staff.
- G. Provide a detailed monthly timeline of activities for engagement and enrollment of the target population.

- H. Identify the strategies that will be used for engaging the targeted individuals and addressing their needs related to community integration, inclusive of how the service will provide “pre-enrollment” services and address recidivism considerations.
- I. Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process. Describe in detail the daily level of service that will be delivered to consumers upon discharge.
- J. Describe how each of the physical and behavioral health care needs listed below will be addressed. Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers’ needs in a community setting that may interfere with successful community tenure.
- Incontinence
  - Diabetes with difficulties self-administering insulin.
  - Obesity
  - Ambulation Impairment
  - Poor impulse control
  - Self-injurious behavior (burning, cutting, teeth/hair pulling)
  - Anger management
  - Florid psychosis/active fixed delusions
  - Cognitive impairment (or brain injury)
  - Metabolic Syndrome
  - Polydipsia
  - Resistance to Hospital Discharge, and/or resistance to aftercare services.
  - Daily living skills including showering, eating, toileting, etc.
  - Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)
- K. Discuss how the target population’s needs related to housing will be managed by the agency.
- L. Describe the plan to address consumers’ substance use needs;
- M. Demonstrate how the proposed service will integrate the following principles into service delivery:
- 1) Promotion of wellness and recovery;
  - 2) Promotion of community inclusion;
  - 3) Culturally competent and linguistically accessible services;
  - 4) Demonstration of best practices;
- N. Identify the specific consumer-level outcomes that will be used to assess the efficacy of this initiative and describe how the related data will be collected and reported.
- O. Include a completed annualized PACT or Supportive Housing Annex A for each team that would be expanded through this initiative. [Please display both current commitments and the proposed expanded commitment figures]. Please see: <http://www.state.nj.us/humanservices/DMHAS/info/csc/qcmr/index.html>



P. Provide written assurances that, if your organization is funded pursuant to this RFP:

1. You will pursue all available sources of revenue and support upon award and in future contracts including your agreement to pursue Medicaid certification. Failure to obtain approval and maintain certification may result in termination of the service contract;
2. You will pursue available resources (e.g. grants, vouchers, rental assistance, etc.) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled consumers;
3. You will work in cooperation with the regional and central offices of DMHAS, County Mental Health Boards and State psychiatric hospitals to identify people to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
4. You will comply with DMHAS reporting requirements specific to this initiative;
5. You will provide the full range of services delineated in the NJDMHAS and related regulations to all individuals enrolled.

## **IX. Budget Requirements**

**Instructions specific to PACT Expansion:** In proposals for PACT expansion, a vacant line on the applicant's current budget (Annex B) will be identified to reflect the total dollars for the proposed new service. Applicants will then need to develop a budget that reflects the amount in the line item in the Annex B identified for this program expansion. The accompanying budget to the Annex B will identify all of the costs for the expansion. The accompanying budget will consist of two separate budget columns. One column will consist of the support services (i.e., skill building activities, referral and linkage services) and the second column will consist of the housing costs (i.e., housing subsidies, conducting monthly housing inspections, managing housing subsidies). ***Agency must clearly articulate and describe the costs in each column in their proposal.*** Annualized budgets, phase-in budgets and one-time budgets need to be separately presented for housing and services.

**Instructions specific to RIST Expansion:** The DMHAS has plans to operationalize the separation of housing from services in Supportive Housing. This will further promote community integration through a greater sense of autonomy and meaningful choice and determination in selecting where a consumer wants to live and who provides them with services to support their recovery in the community. ***In anticipation of this change the budgets for RIST expansion will consist of two columns clustered together.*** One column will consist of the support services (i.e., skill building activities, referral and linkage services) and the second column will consist of the housing costs (i.e., housing subsidies, conducting monthly housing inspections, managing housing subsidies). Consequently,

programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation. Specifically, the cluster will consist of the two aforementioned columns (housing and services). This will provide the organization with flexibility so that dollars can be moved between the two columns within the guidelines of DHS contracting rules. ***Agency must clearly articulate and describe the costs in each column in their proposal.***

**Instructions for both PACT and RIST expansion:** Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be e-mailed based on the attendance list from the bidders' conference. The excel template will be structured to have separate columns for services and for housing. The template contains clearly labeled separate areas for each PACT or RIST team; one to show full annualized operating costs and revenues, one to show one-time costs; and one to show the phase-in operating costs and revenues related to your proposed start-up date through the end of the affected contract year. The budget template must include a column for the total annualized PACT or RIST team(s) budget, reflective of all totals if expanded per the proposal. E-mail the completed excel file to Elaine Welsh at [Elaine.Welsh@dhs.state.nj.us](mailto:Elaine.Welsh@dhs.state.nj.us) with a copy to Susanne Rainier at [Susanne.Rainier@dhs.state.nj.us](mailto:Susanne.Rainier@dhs.state.nj.us).

Please note that a hard copy of the budget must be included as an appendix in all proposal submissions.

All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>

Budget notes are useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant's response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the Proposal. Put notes to the maximum extent possible right on the budget file.

For personnel line items, staff names should not be included, but the staff position titles and hours per workweek and credentials are needed. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage. Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.

If applicable, General and Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Limit your G & A expense projection to "new" G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

## **X. Mandatory Bidders Conference**

All applicants intending to submit a proposal in response to this request must attend a **MANDATORY** Bidders Conference. Proposals submitted by an applicant not in attendance at the bidder's conference will not be considered. Information on the bidders conference is as follows:

**DATE:** October 24, 2013  
**TIME:** 2:00 PM to 3:30 PM  
**LOCATION:** Department of Human Services  
222 South Warren Street,  
Conference Room 3-000  
Trenton, NJ 08625

To register for this bidders conference, please go to:

<http://njsams.rutgers.edu/training/BConference/Registration.aspx>

If you have difficulty registering, please contact Alicia Meyer at [Alicia.Meyer@dhs.state.nj.us](mailto:Alicia.Meyer@dhs.state.nj.us) or at 609-777-0069.

## **XI. Submission of Proposals**

Respondents must submit proposals electronically in PDF format no later than 4 p.m. on November 22, 2013 to John Verney, Statewide Acute Care Coordinator, at [John.Verney@dhs.state.nj.us](mailto:John.Verney@dhs.state.nj.us) and a copy with the excel budget attached to [Elaine.Welsh@dhs.state.nj.us](mailto:Elaine.Welsh@dhs.state.nj.us) must be submitted by the same deadline. Multiple PDF attachments and emails will not be accepted. Your email "subject" should include your agency name, and the proposal name and date. Proposals must be limited to 20 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12.

Additionally, one hard copy of the proposal with an original signature and six additional hard copies must be submitted to the attention of John Verney no later than 4:00 pm, November 22, 2013, at the following address:

**John Verney**  
**Department of Human Services**  
**Division of Mental Health and Addiction Services**  
**222 South Warren Street, 3<sup>rd</sup> Floor**  
**Trenton, NJ 08625**

Please note that no format other than what is described above (i.e., no facsimiles) will be accepted in response to this RFP. Proposals submitted after the aforementioned deadline will not be considered. Four hard copies of the proposal and one electronic copy in PDF format must also be submitted by the same deadline to the County Mental Health Administrator for the county in which proposed services will be delivered in the expansion project. ***However, there are some county mental health administrators in which the electronic copy will suffice and no hard copies need to be submitted for the Mental Health Board review. You are strongly encouraged to contact the mental health administrator in the county that you intend to provide services to identify if they require four hard copies or if the electronic copy is enough.***

## **XII. Review of Proposals and Notification of Preliminary Award**

There will be a review process for all timely submitted proposals that materially comply with the content requirements required in this RFP. DMHAS will convene a review committee to score proposals in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices, DMHAS Central Office and the DMHAS Bureau of Contracts Administration. Recommendations from affected County Mental Health Boards will be considered in final award determinations. Recommendations from the County Mental Health Boards should be submitted by no later than December 20, 2013 to ensure they are an integral part of the Proposals evaluation process. Recommendations are to be submitted to John Verney, Statewide Acute Care Coordinator to the email or mailing address listed in Section XI of this RFP.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumers and family members are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the Proposals submitted. This input will be incorporated into the final deliberations of the review committee.

The DMHAS will consider a provider agency's recent contractual performance. The DMHAS reserves the right to reject any and all applications when circumstances indicate that it is in its best interests to do so. The DMHAS will notify all applicants of preliminary award decisions no later than January 3, 2014. If awarded a contract, the applicant will be required to comply with the affirmative action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27).

## **XIII. Appeals of Award Decisions**

Appeals of any award determinations may be made only by the respondents to this RFP. All appeals must be made in writing and must be received by the DMHAS at the address below no later than 4:00 p.m. on January 10, 2014. The written request must clearly set forth the basis for the appeal. Correspondence related to appeals should be addressed to:

**Lynn Kovich, Assistant Commissioner  
Department of Human Services,  
Division of Mental Health and Addiction Services  
222 South Warren Street, 3<sup>rd</sup> Floor  
Trenton, NJ 08625**

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding. A final award determination will be made no later than January 17, 2014.

## **County Mental Health Administrators**

Cumberland County: Juanita Nazario, Mental Health Administrator  
Cumberland County Department of Human Services  
99 W. Broad Street  
Bridgeton, NJ 08302  
(856) 451-3727 e-mail: [juanitana@co.cumberland.nj.us](mailto:juanitana@co.cumberland.nj.us)

Gloucester County: Kathy Spinosi, Mental Health Administrator  
Gloucester County Institute of Technology  
1340 Tanyard Road  
Sewell, NJ 08080  
(856) 681-6128, x2036 e-mail: [kspinosi@co.gloucester.nj.us](mailto:kspinosi@co.gloucester.nj.us)

Mercer County: Michele Madiou, Administrator  
Mercer County Division of Mental Health  
640 South Broad Street - PO Box 8068  
Trenton, NJ 08650  
(609) 989-6529 e-mail: [mmadiou@mercercounty.org](mailto:mmadiou@mercercounty.org)

Middlesex County: Penny Grande, Administrator  
Middlesex County Division of Addictions & Mental Health Planning  
75 Bayard Street  
New Brunswick, NJ 08901  
(732) 745-4313 e-mail: [penny.grande@co.middlesex.nj.us](mailto:penny.grande@co.middlesex.nj.us)

Monmouth County: Barry W. Johnson, Administrator  
Monmouth County Division of Mental Health & Addiction Services  
3000 Kozloski Road - PO Box 3000  
Freehold, NJ 07728-1255  
(732) 431-6451 e-mail: [barry.johnson@co.monmouth.nj.us](mailto:barry.johnson@co.monmouth.nj.us)

Morris County: Laurie Becker, Mental Health Administrator  
Morris County Dept. of Human Services  
30 Schuyler Place - PO Box 900  
Morristown, NJ 07960-0900  
(973) 285-6852 e-mail: [lbecker@co.morris.nj.us](mailto:lbecker@co.morris.nj.us)

Ocean County: Tracy Maksel, Assistant Mental Health Administrator  
Ocean County Mental Health Board, Dept. of Human Services  
1027 Hooper Avenue, PO Box 2191  
Toms River, NJ 08754-2191  
(732) 506-5374 e-mail: [tmaksel@co.ocean.nj.us](mailto:tmaksel@co.ocean.nj.us)

Salem County: Kathy Spinosi, Mental Health Administrator  
Gloucester County Institute of Technology  
1340 Tanyard Road  
Sewell, NJ 08080  
(856) 681-6128, ext. 2036 e-mail: [kspinosi@co.gloucester.nj.us](mailto:kspinosi@co.gloucester.nj.us)

Union County: Katie Regan, Administrator  
Union County Mental Health Board  
10 Elizabethtown Plaza  
Elizabeth, NJ 07207

**PROPOSAL COVER SHEET**  
**(Must precede all pages submitted with Proposal)**

\_\_\_\_\_  
Date Received

**STATE OF NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES (DMHAS)**

Name of RFP \_\_\_\_\_

Incorporated Name of Applicant: \_\_\_\_\_

Type: \_\_\_\_\_

Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_, or Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Contact (name/title): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated clients to be served: \_\_\_\_\_

County in which housing and services are to be provided \_\_\_\_\_

Authorization: Chief Executive Officer: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachment B

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

## Attachment C

### **Department of Human Services Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.



- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

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Applicant Organization  
Equivalent

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Signature: Chief Executive Officer or

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Date

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Typed Name and Title

6/97

Attachment D

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility, and  
Voluntary Exclusion  
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible,

or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.